NEW YORK STATE DEPARTMENT OF HEALTH HEALTH CARE REFORM ACT – PUBLIC GOODS POOL

ATTACHMENT 2 ELECTION FORM for PAYORS OTHER THAN THIRD PARTY ADMINISTRATORS or ADMINISTRATIVE SERVICES ORGANIZATIONS

TYPE and use BLUE INK when signing

	Effective Date:	
	DERAL EMPLOYER NTIFICATION # (EIN):	_
PAY	OR NAME:	
D/B/A	As (IF APPLICABLE):	
ADD	DRESS:	
CON	NTACT PERSON:	
PHO	ONE #:	
TPA/	e above referenced entity is a payor that ices organization for claims processing, ASO NAME: ASO FEDERAL EMPLOYER NTIFICATION # (EIN):	t utilizes a third party administrator or administrative please provide the following information:
By sig	ignature below, the above entity elects t ce of Pool Administration for all its line	o make public goods surcharge payments directly to the s of business and agrees to:
1.	remit to the Department's Office of P applicable services on a monthly basi which monies have been paid to design	ool Administration required surcharge payments for all s on or before the 30th day following the calendar month for mated providers of service;
2.	30th day following the calendar mont patient service expenditures for service	pool Administration monthly certified reports on or before the for which monies have been paid which separately report ses provided by designated provider type(s) (i.e., hospital tic & treatment center, laboratory ¹ , or ambulatory surgery

provide the Department with certification of data and access to allowance expenditure data upon

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request for audit verification purposes; and

3.

¹For services provided on or after October 1, 2000, freestanding clinical laboratories with Article 5 Title V permits are exempt from HCRA surcharges.

4. the jurisdiction of the state to maintain an action in the courts of the State of New York to enforce any provision of section 2807-j of the Public Health Law (see note below).

By signature below, the above entity also agrees to make public goods covered lives payments directly to the Department's Office of Pool Administration in instances where it provides inpatient coverage as a corporation organized and operating in accordance with Article 43 of the Insurance Law, an organization operating in accordance with Article 44 of the Public Health Law, a self-insured fund, or a commercial insurer licensed to do business in New York State and authorized to write accident and health insurance and whose policy provides inpatient coverage on an expense incurred basis. In such instances the above entity agrees to:

- 1. remit to the Department's Office of Pool Administration within 30 days after the end of each month one-twelfth of both the individual and family unit annual assessment amounts for each of the individuals and family units residing in the state which were included on the payor's membership rolls for all or a portion of the prior month and for which the payor covered general hospital inpatient care, including retroactive additions and deletions;
- 2. provide the Department with data certification and access to individual and family unit data, upon request, for audit verification purposes; and
- 3. the jurisdiction of the state to maintain an action in the courts of the State of New York to enforce any provision of section 2807-t of the Public Health Law (see note below).

By signature below, the Chief Financial Officer or other duly authorized individual of the above entity certifies that the data submitted on all applicable attachments has been carefully prepared in accordance with instructions provided, and to the best of his/her knowledge, the information presented is accurate and correct.

Signature	Title
Chief Financial Officer or Duly Authorized Individual	-
Date	

Note: Payors making an election are only agreeing to the jurisdiction of NYS courts for purposes of enforcing payments required under 2807-j and 2807-t. This does not, in any way, preclude a payor from litigating other issues in Federal court such as ERISA based challenges, etc.